



Billing Code: 5001-06

DEPARTMENT OF DEFENSE

Office of the Secretary

[Docket ID: DoD-2015-HA-0009]

Proposed Collection; Comment Request

AGENCY: Office of the Assistant Secretary of Defense for Health Affairs, DoD.

ACTION: Notice.

SUMMARY: In compliance with the *Paperwork Reduction Act of 1995*, the Office of the Assistant Secretary of Defense for Health Affairs announces a proposed public information collection and seeks public comment on the provisions thereof. Comments are invited on: (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed information collection; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the information collection on respondents, including through the use of automated collection techniques or other forms of information technology.

DATES: Consideration will be given to all comments received by [insert 60 days from publication in the Federal Register].

ADDRESSES: You may submit comments, identified by docket number and title, by any of the following methods:

- Federal eRulemaking Portal: <http://www.regulations.gov>. Follow the instructions for submitting comments.

- Mail: Federal Docket Management System Office, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100.

Instructions: All submissions received must include the agency name, docket number and title for this Federal Register document. The general policy for comments and other submissions from members of the public is to make these submissions available for public viewing on the Internet at <http://www.regulations.gov> as they are received without change, including any personal identifiers or contact information.

Any associated form(s) for this collection may be located within this same electronic docket and downloaded for review/testing. Follow the instructions at <http://www.regulations.gov> for submitting comments. Please submit comments on any given form identified by docket number, form number, and title.

FOR FURTHER INFORMATION CONTACT: To request more information on this proposed information collection or to obtain a copy of the proposal and associated collection instruments, please write to the Defense Health Agency, ATTN: Mr. Mark Ellis, 7700 Arlington Boulevard, Falls Church, VA 22042-5101, or call (703) 681-0039.

SUPPLEMENTARY INFORMATION:

TITLE; ASSOCIATED FORM; AND OMB NUMBER: TRICARE Young Adult Application; DD Form 2947; OMB Control Number 0720-0049.

NEEDS AND USES: The information collection requirement is necessary to evaluate eligibility and qualifications of former young adult dependents applying for extended dependent coverage under the TRICARE Young Adult program (10 U.S.C. 1110b).

AFFECTED PUBLIC: Individuals or households

ANNUAL BURDEN HOURS: 8,000

NUMBER OF RESPONDENTS: 16,000

RESPONSES PER RESPONDENT: 2

AVERAGE BURDEN PER RESPONSE: 15 minutes

FREQUENCY: On occasion

Information is collected from respondents whenever the respondent wishes to apply for extended dependent coverage under the TRICARE Young Adult program, when the respondent wishes to change their coverage under the TRICARE Young Adult program, or when the respondent wishes to terminate their coverage under the TRICARE Young Adult program. Estimated responses are on average are two per respondent during the term of their TRICARE Young Adult coverage. Respondents will complete the application upon applying for, changing, or terminating their TRICARE Young Adult coverage. Not all respondents will change their coverage, and others may choose to let their coverage lapse or stop paying premiums instead of submitting a termination request.

Dated: January 27, 2015.

Aaron Siegel,

Alternate OSD Federal Register

Liaison Officer, Department of Defense.

[FR Doc. 2015-01828 Filed 01/30/2015 at

8:45 am; Publication Date: 02/02/2015]